

Exhibit B

SIEMENS

Invoices Pg 2 of 35

INVOICE

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 335013360
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
971564856	12/21/12	128.18	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
004	2 PC	10309073 LUER CAPILLARY (PK OF 20) Original Material: 4142460 Price Source:HSA Delivery # 1102506556, Shipped on 12/19/12	64.09	128.18	
		MERCHANDISE: TOTAL(USD):		128.18 128.18	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Invoices Pg 3 of 35

INVOICE

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 0000008715
SIEMENS REFERENCE#: 340255341
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
JOANNE /RESPIRATORY
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
971863274	05/02/13	251.70	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10316535 CVM Original Material: 116189 Price Source:HSA Delivery # 1102901934, Shipped on 04/29/13 MERCHANDISE: SHIPPING AND HANDLING: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	85.85	171.70 171.70 80.00 251.70	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 340269328
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
971883026	05/10/13	1,588.00	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10491449 RP500 MCART LAC 750 TEST Price Source:MNO Delivery # 1102934226, Shipped on 05/08/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 340306063
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
971947257	06/08/13	1,588.00	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10491449 RP500 MCART LAC 750 TEST Price Source:MNO Delivery # 1103014546, Shipped on 06/05/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 340338357
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972002060	07/03/13	1,588.00	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10491449 RP500 MCART LAC 750 TEST Price Source:MNO Delivery # 1103088306, Shipped on 07/02/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 335013360
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972002943	07/03/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
002	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103087581, Shipped on 07/02/13	256.70	513.40	
003	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103087581, Shipped on 07/02/13	181.90	363.80	
		MERCHANDISE: TOTAL(USD):		877.20 877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
 3090 Premiere Parkway
 Suite 600
 Duluth, GA 30097
 RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
 SIEMENS REFERENCE#: 335013360
 SOLD-TO#: 10182
 PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
 ATTN ACCTS PAYABLE
 ATTN ACCOUNTS PAYABLE
 241 NORTH RD
 POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
 RECEIVING PO# 1303626
 241 NORTH RD
 POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972002944	07/03/13	128.18	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
004	2 PC	10309073 LUER CAPILLARY (PK OF 20) Original Material: 4142460 Price Source:HSA >>Data not available at time of shipment	64.09	128.18	
		MERCHANDISE:		128.18	
		TOTAL(USD):		128.18	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 335013360
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972030070	07/15/13	1,754.40	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
002	4 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT >>Data not available at time of shipment	256.70	1,026.80	
003	4 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT >>Data not available at time of shipment	181.90	727.60	
		MERCHANDISE: TOTAL(USD):		1,754.40 1,754.40	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 10 of 35

INVOICE

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 335013360
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER:** 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING PO# 1303626
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972030071	07/15/13	256.36	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
004	4 PC	10309073 LUER CAPILLARY (PK OF 20) Original Material: 4142460 Price Source:HSA >>Data not available at time of shipment	64.09	256.36	
		MERCHANDISE:		256.36	
		TOTAL(USD):		256.36	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

CREDIT MEMO**SIEMENS**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 666085111
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996061744	07/25/13	-218.04	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10323175 RP405 MEAS CART BG-COOX 750 Original Material: 130520 Price Source:MNO	218.04	218.04	
		MERCHANDISE:		-218.04	
		TOTAL(USD):		-218.04	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

CREDIT MEMO**SIEMENS**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 666085111
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996061745	07/25/13	-193.34	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
002	2 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO	96.67	193.34	
		MERCHANDISE:		-193.34	
		TOTAL(USD):		-193.34	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

CREDIT MEMO**SIEMENS**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 1303626
SIEMENS REFERENCE#: 666085112
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996061746	07/25/13	-645.37	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10327073 RP405 MEAS CART BG-COOX 400 Original Material: 130521 Price Source:MNO	452.03	452.03	
002	2 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO	96.67	193.34	
		MERCHANDISE:		-645.37	
		TOTAL(USD):		-645.37	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972062276	07/29/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103160864, Shipped on 07/26/13	256.70	513.40	
005	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103160864, Shipped on 07/26/13	181.90	363.80	
		MERCHANDISE:		877.20	
		TOTAL(USD):		877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 15 of 35

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 340371084
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972065964	07/31/13	1,588.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103162025, Shipped on 07/29/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 16 of 35

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972079499	08/05/13	128.18	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
004	2 PC	10309073 LUER CAPILLARY (PK OF 20) Original Material: 4142460 Price Source:HSA >>Data not available at time of shipment	64.09	128.18	
		MERCHANDISE:		128.18	
		TOTAL(USD):		128.18	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972124220	08/24/13	1,588.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
003	2 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103237662, Shipped on 08/23/13	794.00	1,588.00	
		MERCHANDISE: TOTAL(USD):		1,588.00 1,588.00	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972134246	08/29/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103246652, Shipped on 08/27/13	256.70	513.40	
005	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103246652, Shipped on 08/27/13	181.90	363.80	
		MERCHANDISE:		877.20	
		TOTAL(USD):		877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972183486	09/20/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103315235, Shipped on 09/19/13	256.70	513.40	
005	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103315235, Shipped on 09/19/13	181.90	363.80	
		MERCHANDISE: TOTAL(USD):		877.20 877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
 3090 Premiere Parkway
 Suite 600
 Duluth, GA 30097
 RETURN SERVICE REQUESTED

CUSTOMER PO#: 11374
 SIEMENS REFERENCE#: 335019256
 SOLD-TO#: 10182
 PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
 ATTN ACCTS PAYABLE
 ATTN ACCOUNTS PAYABLE
 241 NORTH RD
 POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
 241 NORTH RD
 POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972185197	09/20/13	1,588.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
003	2 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103316203, Shipped on 09/19/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 21 of 35

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 340441349
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
DEL FRDTSK PG AURELIO OR JAQUITA RT
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972187510	09/21/13	794.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103321064, Shipped on 09/20/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	794.00 794.00 794.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 0000014752
SIEMENS REFERENCE#: 340450678
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RECEIVING
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972211557	10/03/13	165.85	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10316535 CVM Original Material: 116189 Price Source:HSA Delivery # 1103355700, Shipped on 10/02/13 MERCHANDISE: SHIPPING AND HANDLING: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	85.85	85.85 85.85 80.00 165.85	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972228126	10/10/13	794.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
003	1 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103379823, Shipped on 10/09/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	794.00 794.00 794.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 24 of 35

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972228127	10/10/13	128.18	Net 60 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
004	2 PC	10309073 LUER CAPILLARY (PK OF 20) Original Material: 4142460 Price Source:HSA Delivery # 1103379823, Shipped on 10/09/13	64.09	128.18	
		MERCHANDISE:		128.18	
		TOTAL(USD):		128.18	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

CREDIT MEMO

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090743
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066189	10/10/13	-426.30	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10327073 RP405 MEAS CART BG-COOX 400 Original Material: 130521 Price Source:MNO	329.63	329.63	
002	1 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO	96.67	96.67	
		MERCHANDISE:		-426.30	
		TOTAL(USD):		-426.30	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

CREDIT MEMO**SIEMENS**

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090744
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066190	10/10/13	-219.06	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10327073 RP405 MEAS CART BG-COOX 400 Original Material: 130521 Price Source:MNO	122.39	122.39	
002	1 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO	96.67	96.67	
		MERCHANDISE:		-219.06	
		TOTAL(USD):		-219.06	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CREDIT MEMO

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090747
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066191	10/10/13	-183.59	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10323175 RP405 MEAS CART BG-COOX 750 Price Source:MNO	183.59	183.59	
		MERCHANDISE: TOTAL(USD):		-183.59 -183.59	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 28 of 35

CREDIT MEMO

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090747
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066192	10/10/13	-96.67	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
002	1 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO	96.67	96.67	
		MERCHANDISE:		-96.67	
		TOTAL(USD):		-96.67	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 29 of 35

CREDIT MEMO

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090748
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066193	10/10/13	-34.45	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10323175 RP405 MEAS CART BG-COOX 750 Price Source:MNO	34.45	34.45	
		MERCHANDISE:		-34.45	
		TOTAL(USD):		-34.45	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 30 of 35

CREDIT MEMO

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090748
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066194	10/10/13	-96.67	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
002	1 PC	10341179 WASH/WASTE CART PKG Original Material: 118678 Price Source:MNO MERCHANDISE: TOTAL(USD): CREDIT INVOICE. DO NOT PAY. Ordering Party Tel# : (914) 471-2000 Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.	96.67	96.67 -96.67 -96.67	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 31 of 35

CREDIT MEMO

CUSTOMER PO#: MCP 1303626
SIEMENS REFERENCE#: 666090749
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
996066195	10/10/13	-164.36	Due Upon Receipt	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10491449 RP500 MCART LAC 750 TEST Price Source:MNO	164.36	164.36	
		MERCHANDISE:		-164.36	
		TOTAL(USD):		-164.36	
		CREDIT INVOICE. DO NOT PAY.			
		Ordering Party Tel# : (914) 471-2000			
		Please note that this credit may be deemed a discount, rebate or other price reduction that must be properly disclosed and appropriately reflected in any costs claimed or charges made by you to Medicare, Medicaid or other health insurers.			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

CREDIT INVOICE. DO NOT PAY.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

Invoices Pg 32 of 35

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182**SHIP TO ACCOUNT NUMBER: 87155**

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972233864	10/12/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103383788, Shipped on 10/10/13	256.70	513.40	
005	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103383788, Shipped on 10/10/13	181.90	363.80	
		MERCHANDISE: TOTAL(USD):		877.20 877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS**INVOICE**

Siemens Healthcare Diagnostics
 3090 Premiere Parkway
 Suite 600
 Duluth, GA 30097
 RETURN SERVICE REQUESTED

CUSTOMER PO#: 11374
 SIEMENS REFERENCE#: 335019256
 SOLD-TO#: 10182
 PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
 ATTN ACCTS PAYABLE
 ATTN ACCOUNTS PAYABLE
 241 NORTH RD
 POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
 241 NORTH RD
 POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972313260	11/14/13	1,588.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
003	2 PC	10491448 RP500 MCART LAC 400 TEST Contract#:400019353, Price Source:CNT Delivery # 1103491314, Shipped on 11/13/13 MERCHANDISE: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	794.00	1,588.00 1,588.00 1,588.00	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

INVOICE

CUSTOMER PO#: 11374
SIEMENS REFERENCE#: 335019256
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972316497	11/15/13	877.20	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	2 PC	10310323 AQC CARTRIDGE KIT Original Material: 120241 Contract#:400019353, Price Source:CNT Delivery # 1103495798, Shipped on 11/14/13	256.70	513.40	
005	2 PC	10310310 WASH/WASTE CART PKG (3) Original Material: 118677 Contract#:400019353, Price Source:CNT Delivery # 1103495798, Shipped on 11/14/13	181.90	363.80	
		MERCHANDISE:		877.20	
		TOTAL(USD):		877.20	
		Ordering Party Tel# : (914) 471-2000			

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.

SIEMENS

INVOICE

Siemens Healthcare Diagnostics
3090 Premiere Parkway
Suite 600
Duluth, GA 30097
RETURN SERVICE REQUESTED

CUSTOMER PO#: 0000017370
SIEMENS REFERENCE#: 340538949
SOLD-TO#: 10182
PAYER#: 10182

BILL TO CUSTOMER NUMBER: 10182

SHIP TO ACCOUNT NUMBER: 87155

ST FRANCIS HOSPITAL
ATTN ACCTS PAYABLE
ATTN ACCOUNTS PAYABLE
241 NORTH RD
POUGHKEEPSIE NY 12601

ST FRANCIS HOSPITAL
RESPIRATORY THERAPY
241 NORTH RD
POUGHKEEPSIE NY 12601

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
972381609	12/12/13	89.56	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	4 PC	10315772 PAPER PRINTER THERMAL Contract#:400019353, Price Source:CNT Delivery # 1103584402, Shipped on 12/11/13 MERCHANDISE: SHIPPING AND HANDLING: TOTAL(USD): Ordering Party Tel# : (914) 471-2000	2.39	9.56 9.56 80.00 89.56	

All discrepancies must be reported within 10 business days of receipt of product. Please contact 1-888-588-3916 to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.